

Docket No. LS/0001.01

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PTO/SB/04 (12-97)

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**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number LS/0001.01

First Named Inventor Bodnar

COMPLETE IF KNOWN

Application Number 09/434,703

Filing Date November 5, 1999

Group Art Unit Unassigned

Examiner Name Unassigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Improved Digital Camera Device and Methodology for Distributed Processing and
Wireless Transmission of Digital Images

the specification of which

(Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 11/05/1999 as United States Application Number or PCT International

Application Number 09/434,703 and was amended on (MM/DD/YYYY) (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/138,168	06/08/1999	

[Page 1 of 2]

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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
John A. Smart	34,929		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	John A. Smart				
Address					
Address	708 Blossom Hill Rd., #201				
City	Los Gatos	State	CA	ZIP	95032
Country	U.S.A.	Telephone	(408) 395-8819	Fax	(408) 490-8853

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

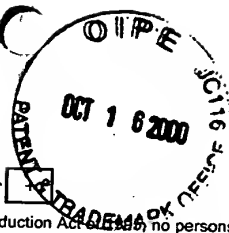
Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Eric	O.	Bodnar	
Inventor's Signature	<i>Eric O. Bodnar</i>		Date 11-18-00
Residence: City	Santa Cruz	State	CA
Country	U.S.	Citizenship	U.S.
Post Office Address	111 34th Avenue		
Post Office Address			
City	Santa Cruz	State	CA
ZIP	95062	Country	U.S.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shekhar		Kirani	
Inventor's Signature	<i>Shekhar Kirani</i>		Date
			4/18/00
Residence: City	Capitola	State	CA
		Country	U.S.
Post Office Address	109 Washburn Avenue		
Post Office Address			
City	Capitola	State	CA
		ZIP	95010
		Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Venkat V.		Easwar	
Inventor's Signature	<i>Venkat V. Easwar</i>		Date
			4/18/00
Residence: City	Cupertino	State	CA
		Country	U.S.
Post Office Address	10736 Linda Vista Dr.		
Post Office Address			
City	Cupertino	State	CA
		ZIP	95014
		Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philippe R.		Kahn	
Inventor's Signature	<i>Philippe R. Kahn</i>		Date
			4/18/00
Residence: City	Scotts Valley	State	CA
		Country	U.S.
Post Office Address	333 Spreading Oaks Drive		
Post Office Address			
City	Scotts Valley	State	CA
		ZIP	95066
		Country	U.S.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Sonia Lee				Kahn			
Inventor's Signature	<i>Sonia Lee Kahn</i>					Date	5/17/00
Residence: City	Scotts Valley	State	CA	Country	U.S.	Citizenship	U.S.
Post Office Address	333 Spreading Oaks Drive						
Post Office Address							
City	Scotts Valley	State	CA	ZIP	95066	Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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